GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:347
ANSWERED ON:13.12.2000
WORLD BANK REPORT ON RICH POOR INEQUALITY
GANGASANDRA SIDDAPPA BASAVARAJ;GOWDAR MALLIKARJUNAPPA

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Bank report on the rich-poor inequality on health and nutrition was submitted to the Government;

(b) if so, whether the Union Government have examined the report;

(c) if so, the details of the report; and

(d) the steps taken/proposed to be taken by the Government to implement its recommendations?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) to (d): A statement is laid on the Table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 347 FOR 13.12.2000

Very recently, Government have obtained the report `Socio-Economic Differences in Health, Nutrition and Population in India` published by the World Bank in May, 2000, which has not yet been formally presented by World Bank to the Ministry of Health and Family Welfare. The report describes the health, nutrition and population (HNP) status and service-use among people belonging to different socio-economic groups. The report describes the health, nutrition and population status indicators like Infant Mortality rate; under-5 mortality rate; proportion of children stunted; moderately and severely under-weight children; proportion of mothers with low body mass index; total fertility rate and age specific fertility rate in the age group 15 to 19 years. These indicators are categorized into five population sub-groups, based on their socio-economic status. In addition, service utilization and access indicators like immunization coverage, medical treatment of illnesses like diarrhoea and acute respiratory infections, antenatal care visits, nature of attendance at delivery, use of modern contraception and knowledge of HIV/AIDS prevention are also presented for each of the five population sub-groups. The report concludes that most of the findings are on expected lines, with the poorer socio-economic groups showing low health and nutrition status and lower access to health and family welfare services.

To reduce disparities between the health and nutrition status of various segments of society, several schemes, especially aimed at improving the access to reproductive and child health services of disadvantaged segments of the society have been launched by Government. These include, inter-alia, a scheme for strengthening immunization and mother and child health services through improving outreach organization of Reproductive and Child Health Camps in difficult and remote areas; organization of Health Melas, which attract people from poorer groups and Dai Training Programme in districts where safe delivery rate is low. In addition, inputs are being provided to selected low performing districts to rapidly reduce infant and maternal mortality under the Border Districts Cluster Strategy Project. The Department of Family Welfare is also seeking the cooperation of the voluntary sector, non-government organizations and professional organizations to provide focused interventions to the relatively disadvantaged segments of the population. The Department of Women and Child Development is implementing the Integrated Child Development Services Scheme, under which nutrition supplementation is provided to poor women and children.